

PATENT APPLICATION SERIAL NO **08/604950**

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

RP18018 06/11/96 08604950  
RP18019 06/11/96 08604950

10-0750 180 958  
10-0750 180 970

750.00CR JAB948  
880.00CH JAB948

520 UR 10-0750 03/18/96 08604950  
52093 968 250.00CH  
52094 958 750.00CH

*ok to refund 750.00*  
*[Signature]*

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																											
1 Date of Request: <u>22 May 96</u>		2 Serial/Patent # <u>08-604950</u>																																									
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%;"></td><td style="width: 10%; text-align: right;">\$ <u>750</u></td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing		\$ <u>750</u>	<input type="checkbox"/>	Amendment		\$	<input type="checkbox"/>	Extension of Time		\$	<input type="checkbox"/>	Notice of Appeal/Appeal		\$	<input type="checkbox"/>	Petition		\$	<input type="checkbox"/>	Issue		\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$	<input type="checkbox"/>	Maintenance		\$	<input type="checkbox"/>	Assignment		\$	<input type="checkbox"/>	Other		\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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<input type="checkbox"/>	Amendment		\$																																								
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<input type="checkbox"/>	Assignment		\$																																								
<input type="checkbox"/>	Other		\$																																								
7 TOTAL AMOUNT OF REFUND		\$ <u>750</u>																																									
8 TO BE REFUNDED BY:																																											
10 REASON:		Treasury Check																																									
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:																																									
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table>		1	0	--	0	7	5	0																																	
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<input type="checkbox"/> No Fee Due (Explanation):																																											
<div style="font-size: 1.2em; font-family: cursive;">Correct basic fee code</div>																																											
11 REFUND REQUESTED BY:																																											
TYPED/PRINTED NAME: <u>Eless D. Reed</u>		TITLE: _____																																									
SIGNATURE: <u>Eless D. Reed</u>		PHONE: <u>305-3659</u>																																									
OFFICE: <u>PCT-DO-EO</u>																																											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																											
APPROVED: <u>Stephen Graham</u>		DATE: <u>6-3-96</u>																																									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B